



## PERSONAL INFORMATION

FIRST NAME

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NAME

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BLOOD TYPE

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ARE YOU TAKING ANY MEDICINE?

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WHICH?

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ARE YOU ALLERGIC TO SOMETHING?

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TO WHAT?

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ARE YOU ALLERGIC TO BEE STINGS?

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RELEVANT INFORMATION ABOUT FOOD?

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OTHER RELEVANT PERSONAL INFORMATION?

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I have given all relevant personal information

PLACE AND DATE

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SIGNATURE

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RUBEN RUFINO FARIA, LDA  
Sítio das Vizinhaças, Caixa Postal 407  
8700-131 Olhão

T +351 919 801 343  
E [info@rubenfariaadventuretours.com](mailto:info@rubenfariaadventuretours.com)  
W [rubenfariaadventuretours.com](http://rubenfariaadventuretours.com)

NIF: 510649254

BANK DETAILS

Caixa Geral de Depósitos  
IBAN: PT50 0035 0555 00050474 230 79  
BIC: CGDIPTPL

INSURENCE COMPANY – Fidelidade  
Policy Number: AG23899500



ALGARVE 21  
PROGRAMA OPERACIONAL

